



State of Mississippi
BOARD OF
TAX APPEALS

PART I POWER OF ATTORNEY

Taxpayer(s) Information		For BTA Use Only
Taxpayer Name(s) and Mailing Address	Taxpayer Social Security Number	Received by:
	Spouse Social Security Number	Name _____
	Federal ID Number (FEIN)	Phone _____
		Date _____

Hereby appoint(s) the following representative

Representative Information	
Name and Mailing Address	Phone Number () _____ FAX Number () _____
Name and Mailing Address	Phone Number () _____ FAX Number () _____
Name and Mailing Address	Phone Number () _____ FAX Number () _____

To represent the taxpayer(s) before the Mississippi Board of Tax Appeals

Matter(s) Appealed		
Tax Type (Income, Sales, etc.) or Other Matters,	Account Number	Tax Period(s)

Acts Authorized

The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the matters concerning the taxes and accounts described under Matter(s) Appealed above, for example, the authority to sign any agreements, consents or other documents and to represent the taxpayer(s) in any informal or formal proceeding involving the Board of Tax Appeals. The authority of the representatives does not and cannot include the power to substitute another representative or to request that tax return(s) or other confidential tax information of the taxpayer(s) be inspected by or disclosed to another person. The authority also does not include the authority to receive tax refund checks or to sign returns unless specifically added below.

List any specific additions or deletions to the acts otherwise authorized by this power of attorney:

Additions: _____

Deletions: _____

The Board of Tax Appeals may reject a submission due to incompleteness, lack of specificity, or inappropriateness.

Retention/revocation of Prior Power(s) of Attorney

The filing of this Power of Attorney automatically revokes all earlier Power(s) of Attorney on file with the Board of Tax Appeals for the same matter(s) appealed covered by this document. If you do not want to revoke a prior Power or Attorney, check here and **ATTACH A COPY OF THE POWER(S) OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

Signature of Taxpayer(s)

MAIL TO: BOARD OF TAX APPEALS

501 N. West Street, Ste. 601 Jackson, MS 39201 Phone 601-359-6604

BTA Power of Attorney

If a tax matter(s) appealed concerns a joint return, both husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, conservator, executor, receiver, administrator, conservator or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer. A corporation or subsidiary MUST contain the signatures of a principal officer and the secretary or other officer. A guardian, executor, receiver, administrator, conservator or trustee MUST attach the appropriate documentation granting the authority from the court or taxpayer.

IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

_____	Signature	_____	Date	_____	Title (if applicable)
_____	Print Name	_____	Phone Number	_____	FAX Number
_____	Signature	_____	Date	_____	Title (if applicable)
_____	Print Name	_____	Phone Number	_____	FAX Number

PART II DECLARATION OF REPRESENTATIVE

Under penalties of perjury and Miss. Code Ann. §97-7-10, I declare that:

1) I am authorized to represent the taxpayer(s) identified in Part I for the matter(s) appealed specified there: and

2) I am one of the following:

- a. Attorney – a member in good standing of the bar of the highest court of the jurisdiction shown below.
- b. Certified Public Accountant – duly authorized to practice as a certified public accountant in the jurisdiction shown.
- c. Officer – a bona fide officer of the taxpayer’s organization.
- d. Full-time employee – a full time employee of the taxpayer.
- e. Family Member – a member of the taxpayer’s immediate family (i.e., spouse, parent, child, brother, or sister.)
- f. Other – Provide explanation _____

IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

Designation – Insert Above letter (a-f)	State Issuing License	State License Number	Signature	Date